24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Rise USA	C C00571372
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayay
Full Name of Payee Revolution Agency	Date of Public Distribution/Dissemination
	01 06 2016
Mailing Address 1020 Princess Street	Amount
City State Zip Code	31063.00
Alexandria VA 22314	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media placement-Also oppose Kasich, Rubio and Christie Category/ Type 004	10 29 / 2015
Name of Federal Candidate Support Office	e Sought: House District:
Jeb Bush Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Agency	01 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess Street	Amount
City State Zip Code	18354.00
Alexandria VA 22314	Transaction ID: 002 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement-Also oppose Kasich, Rubio and Christie Category/ Type 004	10 29 2015
Name of Federal Candidate Support Offic	e Sought: House District:
Jeb Bush Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	49417.00
(a) SOBTOTAL OF HOMELEAN HISOPORTACITY Experiations	43417.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
· Buto	01 08 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Right to Rise USA	C C00571372
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Agency	01 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess Street	Amount
City State Zip Code	56063.00
Alexandria VA 22314	Transaction ID : 003 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement-Also oppose Kasich, Rubio and Christie Category/ Type 004	10 29 2015
Name of Federal Candidate Support Office	Sought: House District:
lob Bush	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought Disbur 2016	rsement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Revolution Agency	01 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1020 Princess Street	Amount
City State Zip Code	141843.10
7 Ilonahana 22211	Transaction ID: 004 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement-Also oppose Kasich, Rubio and Christie Category/ Type 004	10 / 29 / 2015
Name of Federal Candidate Support Office	Sought: House District:
lob Rush	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	197906.10
	4 4
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	247323.10
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Charles R. Spies [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	